

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



PERU

COUNTRY CONTEXT:

Size of population (2007): 28,220,764¹

Ethnic groups: Amerindian 45% | Mestizo (mixed Amerindian and white) 37% | white 15%, black Japanese | Chinese | and other 3%²

Religions: Roman Catholic 81,3% | Evangelic 12.5% | other 3.3% | none 2.9%³

Languages: National: Spanish 83.9%, Quechua 13.2%, Aymara 1,8%, other indigenous language 0,1% / Rural: Spanish 62.3%, Quechua 30.1%, Aymara 4.2%, other indigenous language 3.2%⁴

Life expectancy at birth: 70.7 years⁵

Population living below the national poverty line (2004-2007): (2004) 48.6%, (2005) 48,9%, (2006) 44.5%, (2007) 39,3% Median age at first marriage for men (ages 15-49)⁶

Percentage of population under 15 years (2007): 30.5%⁷

Youth literacy female rate as percentage of male rate (1995-2005): 97.1%⁸

Median age at first marriage for women (ages 15-49): 23.1 years⁹

Median age at first marriage for men (ages 15-49): 25.7 years¹⁰

Median age at first sex among females (ages 15-49): According to a study undertaken at the cities with highest HIV prevalence 59% of interviewees (male and female) had first sex between 13 and 15 years of age, 10% at 12 and 15% at 11 or less¹¹ According to the Demographic and Health Survey 2004-2006, the median age for the first sex among females between 20 and 49 is 19.9 for urban women and 17.9 for rural women.¹²

Median age at first sex among males (ages 15-49) 17 yrs (median age)¹³

Total health expenditure (public and private) per capita per year (2005): \$274¹⁴

Nurses density per 1,000 population: No available data

Contraceptive prevalence rate for women (% married women aged 15 – 49: 2004-2006): Total (modern): 71.3(47.6); Urban: 74.2 (53.2), rural: 66.3 (37.9)¹⁵

Fertility rate: national: 2.6 births per woman, urban: 2.1, rural 3.7¹⁶

Maternal mortality ratio (adjusted) per 100,000 live births (2000): Official: 185 x 100,000 live births, as of the time period 1994-1999; United Nations: 240 x 100,000 live births¹⁷

AIDS CONTEXT:

HIV prevalence rate (15 – 49) 2007: 0.5 [0.3 – 0.6]¹⁸

HIV prevalence rate in young females (ages 15-24): 0.3 [0.1 – 0.4]¹⁹

HIV prevalence in young males (ages 15-24): 0.5 [0.2 – 0.8]²⁰

HIV prevalence in vulnerable groups: In female sex workers: 0.5%, and among MSM it is 10.8%²¹

Number of deaths due to AIDS: 3,300 [2,000 – 5,000]²²

Estimated number of orphans due to AIDS (0-17 years): 17,000²³

HIV CONTEXT IN PERU:

The HIV prevention situation in Peru with respect to young women and girls is not a priority on the national agenda.²⁴ The epidemic is largely based in the population of men who have sex with men and sex workers, and therefore unless a young person falls into either of these groups, their prevention needs might not be directly addressed by the national multi-sectorial plan on HIV/AIDS.²⁵

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN PERU.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Peru. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Country. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Peru.

The Report Card is the basis of extensive research carried out during 2008 by IPPF, involving both desk research on published data and reports, and in-country research in Country to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Peru' (available on request from IPPF).

Although early in the epidemic in Peru, HIV incidence was predominantly among men that have sex with men; the ratio of male to female incidence in 1990 was 14:1, while in 2005 it reduced dramatically to 2.8:1.²⁶ While this represents a widening of the affected populations, it brings a new challenge, as a vector for new transmissions has been identified as married men who have sex with men (MSM) and MSM that have sexual partners that are sex workers²⁷.

The age group most heavily affected are young people between the ages of 25 and 34, again with men more affected than women.²⁸

It is estimated that 22,726 people have AIDS and 33,519 HIV at the national level whereas Lima and Callao concentrate 74% of registered cases between 1983 and 2008²⁹. Seventy percent of people with HIV are between 20 and 39 years of age. Beside the figure provided above, and based on sources from institutions working with children with HIV, we calculate that approximately 20% of affected children and 60% of children with HIV are orphans.³⁰ There are 17,000 people receiving antiretroviral treatment (HAART) while more than 23,000 will need it as of November 2009.³¹

KEY POINTS:

- **The legal age for marriage is 18.** However, both men and women can be married at the age of 16, although for girls this has to be authorised by a judge.³²
- **The minimum legal age to have a HIV test without parental and partner consent is 18.** In order to access HIV testing services and treatment minors must be **accompanied by a parent or tutor.** However recently (Dec 2008) the regional government of Tumbes has released a law that enables adolescents of that region to access HIV testing without parental consent. (Nevertheless there is no evidence yet of the impact of this norm in health services delivery).^{33,34}
- **Abortion is only legal when the life of the mother is at risk or when it is necessary to protect her health.** Legal abortions are rarely offered to women and girls in state hospitals, which means they end up paying high prices for abortions in private clinics or having an unsafe abortion by other means.³⁵
- **HIV testing in Peru is voluntary for all groups, with two fundamental exceptions:**
 - **Those donating blood;**
 - **Pregnant women who, after counselling, are tested for HIV.** The law states this is done to protect the life and health of the child, to prevent mother-to-child transmission, and to put in place all necessary measures.³⁶
- There is a **law that addresses gender-based violence**, but it comes under the banner of 'domestic violence'.³⁷
- The Anti-AIDS Law 26626 (modified in 2005 by Law 28243) ensures **HIV status is confidential.** However, there are **exceptions: in case of need of medical attention, or if required by the Public Attorney's Office or the Judicial Power.** An HIV test cannot be a requisite demanded for employment, with the exceptions of jobs carried out in the Police or Armed forces.³⁸
- People living with HIV (PLHIV) are protected by the law. For instance, Law 27270 of the year 2000 **penalises all acts of discrimination** and Article 15 of Law 28237 specifies that **an HIV test cannot be required as a condition to start or maintain a job.**³⁹ However, although there is a legal framework that protects PLHIV and other vulnerable groups, the processes of vigilance of human rights is not so thorough.⁴⁰
- **Prostitution in Peru isn't a crime, but it is regulated.** Miluska Vida y Dignidad is an association of female sex workers in Peru that work for the defence of sex workers' rights, with an emphasis on civil, labour and health rights.⁴¹

QUOTES AND ISSUES:

- *"How can we expect that **adolescents go with their parents to SRH services if they don't even talk with them about sexual relationships?**" (Interview with APROPO)*
- *"The greatest problem is that **laws are made in a technical language** and are thus **difficult to understand** for the general population." (Interview with APROPO)*
- *"If you supposedly are **not meant to have a sexually active life, you can't receive information and treatment for an activity you are not doing.**" (Interview with Ministry of Health, National AIDS Strategy Team)*
- *"The **laws are contradictory**; how can I **allow** that an **adolescent works** but **deny** him/her the **access to health services?**" (Interview with Ministry of Health, National AIDS Strategy Team)*
- *"These legal dispositions (**penalization of sex between minors, restrictions for adolescents to access SRH services**) have **only an impact for those, mostly poor, that depend on the public health system.** These laws are not applied at private clinics." (Interview with Family Planning Association)*
- *"The **law that penalizes sex between adolescents represents a major hindrance** not only in Peru, but also for the whole Latin-American region." (Interview with UN agency)**
- *"I think that we as **people living with HIV have the responsibility to demand the implementation of those laws and not be afraid.**" (Interview with Youth Peer Educator)*



KEY POINTS:

- Peru has developed a **national multisectoral strategy framework to combat AIDS**, the Strategic Multisectoral Plan for HIV/AIDS 2007-2011. The country has integrated HIV and AIDS into its general development plans, which includes **HIV prevention, treatment for opportunistic infections, anti-retroviral therapy, care and support** (including social security or other schemes) and **reduction of stigma and discrimination**.⁴²
- **The plan assesses the needs of groups such as sex workers, men who have sex with men, children and adolescents** and identifies areas for prevention, as well as the social and economic impact of living with AIDS. The Plan foresees a 90% access by 2011 to an integrated and high quality access to prevention and treatment, as well as improving services and trained personnel in these areas. The Plan is developing strategies to:
 - Design, validate and build an integrated programme to **assist families living with HIV/AIDS**.
 - Set vigilance procedures to **enforce anti-discriminatory laws** within Labour Law for those living with HIV/AIDS.
 - **Strengthen the capacity of people living with HIV/AIDS** and other vulnerable communities to make money, through the creation of occupational work organisations, micro-credits and set up of micro businesses.
 - Protecting and providing support to children living with HIV/AIDS, **by educating their communities and schools**, as well as training personnel in specialised care for these children.⁴³
- The plan emphasises the need for the **strengthening of the information system on HIV/AIDS** and guarantees confidentiality in all sectors involved, both public and private, in accordance with the law.⁴⁴
- Peru has a policy/strategy to **promote comprehensive HIV treatment, care and support** (which includes testing and counseling) but it is not deemed to give sufficient attention to the barriers found by women and children.⁴⁵
- **HIV tests for pregnant women** are not optional or voluntary, they **have to be given by law**.⁴⁶
- It is unclear if PMTCT is currently available to all pregnant girls or young women testing HIV positive, the Strategic Multisectoral Plan for 2007-2011 is committed to putting in place:
 - **Confirmation tests of HIV status** for HIV positive women/couples and their children, including counseling.
 - A **campaign to inform the population in general about HIV in pregnancy** and an improvement in access to health services to this respect.
 - Guaranteeing all preventive methods for vertical transmission of HIV, which includes **antiretroviral prophylaxis treatment, cesarean births and provision of artificial milk for new-borns**
- Decree 018-2001 saw the **increased coverage of education programmes** that incorporate objectives regarding sexuality, sex education, responsible parenthood, prevention of STDs and HIV/AIDS, sexual violence and gender equality within relationships.
- **National data on HIV/AIDS**, such as HIV prevalence, **is routinely disaggregated by age and gender**.⁴⁷
- **The government, through the Ministry of Women and Social Development** has created a programme against Family and Sexual Violence.⁴⁸
- **An HIV test cannot be requisite for employment** with the **exceptions** of jobs carried out in the **Police or Armed Forces**.⁴⁹

QUOTES AND ISSUES:

- *"Some adolescents certainly think: my teacher is telling me something that contradicts my parents. **Adolescents are always acting with guilty feelings.**"* (Interview with Ministry of Health, National AIDS Strategy Team)
- *"The **influence from the Catholic Church is for me the greatest barrier.**"* (Interview with Network of Women Living with HIV)
- *"I think **there are health issues specific to adolescents**, and the health personnel should be trained in order to be able to adequately respond to them."* (Interview with UN Agency)
- *"The challenge is to **train teachers regarding sex education**, they often feel not trained enough to talk about HIV prevention."* (Interview with UN Agency)
- *"I personally know parents that live with HIV who are not able to talk with their children about HIV prevention. It is a cultural problem; **we are not used to talking about these issues.**"* (Interview with Peer Educator)
- *"Guidelines have been created to tutor sexual education but **teachers have not been trained to deal with this subject at school.**"* (Interview with UN Agency)
- *"There is information in some schools but it remains superficial and **condom use information is mostly circumscribed to family planning.** However ... more recently schools provide information on HIV prevention already beginning in the early years."* (Focus group discussion, 19-25 yr olds)
- *"For **some teachers it is difficult to talk with their students about sexual issues** because they are not used to doing this at home."* (Interview with Ministry of Health, National AIDS Strategy Team)





KEY POINTS:

- The Non-Governmental Organisation “Apprende a Cuidarte” (Look After Yourself), a member of the Interamerican ProHealth Net, provides a **telephone number to call for sexual orientation counselling** and includes a Peru medical directory.⁵⁰
- **Counselling and testing facilities are available at all hospitals**, health centres, clinics, private practices and ‘4th level institutions’.⁵¹
- **Male condoms are available free of charge** at Apprende a Cuidarte health centres within their family planning clinics. **Female condoms are not available in Peru**, but work is being done by UNFPA to introduce them.
- There is a **National Plan against Violence towards women 2002-2007** which established **42 Women Emergency Centres** and has set up **20 refuge houses around the country**, for the integral support of family and sexual violence victims.⁵²
- **HIV testing is offered to all pregnant women free of charge**, and HIV positive women are offered free antiretroviral therapy.⁵³
- The group Colectivo ContraNaturas organises different events, such as artistic interventions in discos and public spaces to make visible the **discrimination suffered by young gays, lesbians and transgenders relating to HIV**.⁵⁴
- As of 2007 there were **62 service points across Peru, where ART was being made available:**
 - 56 within state run health services
 - 4 within NGOs
 - 2 through prison services⁵⁵
- There is a **Peruvian organisation of women living with HIV**, called red Peruana de Mujeres Viviendo con VIH⁵⁶
- There is also a **feminist organisation** called Flora Tristan, which **works for the rights of Peruvian women**, including those living with HIV.⁵⁷
- **Harm reduction services for injecting drug users aren’t available in Peru**⁵⁸ as there have been no reported cases of PLHIV as a result of injecting drugs.⁵⁹



QUOTES AND ISSUES:

- **“At the MOH, if the health personnel make some mistakes, they are sent to offer HIV services as a punishment.”** (Interview with APROPO)
- **“Statistics show that nearly 60% of adolescents use the condom because of HIV prevention** but in direct talks with them, **most of them argue to primarily care of a potential pregnancy.”** (Interview with Family Planning Association)
- **“Human resources at the Ministry of Health are scarce. One person at the health centre deals with different issues such as TB, vaccines or family planning; there aren’t any specialized personnel. As a result, efficiency for specific problems is low.”** (Interview with Ministry of Health, National AIDS Strategy Team)
- **“We don’t need the ABC but the A to the Z.”** (Interview with Network of Women Living with HIV)
- **“How can we expect a better service from the health personnel if they receive such low payment?”** (Interview with Youth Peer Educator)
- **“As long as specialized health services for adolescents are not developed and the Ministry of Education is not involved, it will be very difficult to reach the adolescent population.”** (Interview with UN Agency)
- **“If we cannot avoid that women get HIV, at least future children can be protected”** (Interview with Youth Peer Educator)
- **“I am not sure if traditional health services are the best way of reaching adolescents, other strategies should be developed to get closer to them.”** (Interview with UN Agency)





KEY POINTS:

- According to documents that outline the access to HIV prevention and SRH services **all governmental HIV prevention and SRH services are available to married and unmarried girls and young women**, nor is there any discrimination against those that are HIV positive or negative.⁶⁰
- **Women have free access to services without consent from their parents** if they are of legal age.⁶¹
- As of 2005 an **HIV test in Peru cost** on average around **20 Soles** (approximately **6 US dollars**).⁶²
- **Male condoms are available free of charge** at Health Centres in their family planning clinics.⁶³
- **ARVs are freely available in Peru to all people living with HIV** – in line with the country's strategy in achieving Universal Access for treatment care and support.⁶⁴
- **The Strategic Multisectorial Plan** for HIV/AIDS 2007-2011 identifies **discrimination and stigma** as existing **within health workers and seeks to address it**. Meetings to address this problem are planned with politicians, regional-local leaders, as well as with teachers, health workers and human resource managers from the private sector. A study to measure changes in attitudes and conduct with education and health professionals is also planned.⁶⁵
- The Strategic Multisectorial Plan for HIV/AIDS 2007-2001 has as a strategic objective the **adaptation of the health services for the prevention** and care of STI/STD and counseling for adolescents and young people, especially for **MSM and girls who are sex workers**, as well as implementing prevention programmes for **girls and boys in vulnerability conditions**. This includes the training of health workers in the management of services for children and adolescents, and the development of counseling and testing of HIV for young people at risk.⁶⁶
- There are specific **poster campaigns aimed** at providing information on **HIV and STI prevention for young people**.⁶⁷



QUOTES AND ISSUES:

- *"The **demand from adolescents** of HIV prevention services is **very low** because they perceive the disease as something distant, **not related to their reality**."* (Interview with APROPO)
- *"Many of them **[boys and young men] don't want to take VCT** because they are **afraid to know** about the truth. In case they have done the test they don't even pick up the results. **These attitudes make them more vulnerable**."* (Focus group discussion with girls and young women, [aged 19-25], urban area)
- *"**Most men think** they are made of iron and believe that **going to a doctor is a sign of weakness**."* (Interview with Family Planning Association)
- *"When we regard the group of age between 15 and 24 it is possible to distinguish two completely different groups, **those of full age who can freely access SRH services and those under 18 that are not allowed to do so without the company of their parents or tutors**."* (Interview with Ministry of Health, National AIDS Strategy Team)
- *"It is important to highlight that normally sex workers, **especially young ones, don't look for information about HIV prevention or seek VCT because they don't think they can get the disease or because they are afraid of being HIV positive**."* (Focus group discussion with sex workers [aged 25-30], urban area)
- *"The **health personnel discriminated against me for being a sex worker** and told me, 'you already knew what was going to happen to you...' They use two or three pairs of gloves while treating us."* (Focus group discussion with sex workers [aged 25-30], urban area)
- *"**Any woman who asks for HIV treatment may experience discriminatory attitudes**, as a result those women think: if I am going to be treated like that I prefer to not return there any more."* (Interview with UN Agency)
- *"**It has been really hard** for us (women living with HIV) at public hospitals **because of discrimination and stigma**."* (Interview with Youth Peer Educator)
- *"**Human resources at the Ministry of Health are scarce**. One person at the health centre deals with different issues such as TBC, vaccines or family planning; **there aren't any specialised personnel**. As a result efficiency for specific problems is low."* (Interview with Ministry of Health, National AIDS Strategy Team)
- *"While **boys generally don't attend health services** as this **represents a sign of weakness**, **girls** do go there but in the end they **don't make the decisions**."* (Interview with UN Agency)



KEY POINTS:

- The **Peruvian government has signed the Convention on the Rights of the Child⁶⁸**, and has signed and ratified the **Convention on the Elimination of all forms of Discrimination against Women⁶⁹**.
- However **Peru has not signed or ratified the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages⁷⁰**.
- The Peruvian **Network of Women Living with HIV/AIDS** and the **Ministry for Women and Social Development** are **members of the National Multisectoral Organisation for Health (CONAMUSA)⁷¹**.
- The Strategic Multisectoral Plan for HIV/AIDS 2007-2011 claims to have involved all sectors of civil society in its creation, in contrast with the 2001-2004 Plan, which was never formally approved by the Ministry of Health and which did not involve the 'real social actors' of the epidemic and all sectors. However, there is **no specific mention of input from girls and young women⁷²**.
- There are a **number of organizations that actively promote** through their work on HIV prevention and the SRH needs and rights of young women and girls, in particular educational programmes.^{73, 74}
- There are a **number of different organisations and coalitions that advocate for the sexual and reproductive health of young women and girls⁷⁵**.
- The **Strategic Multisectoral Plan** for HIV/AIDS 2007-2011 **foresees the strengthening of organisations of people living with HIV/AIDS** by providing them with equipment and information technology, and providing support in the rental of properties for the management of such organisations.⁷⁶

QUOTES AND ISSUES:

- *"HIV is not only a health issue but has also a social dimension."* (Interview with Youth Peer Educator)
- *"The identification of youth leaders able to motivate more adolescents is very important in order to enhance their participation."* (Interview with Youth Peer Educator)
- *"In order to improve the participation of women, not only NGOs should take the lead but also women from various contexts should be considered."* (Interview with Ministry of Health, National AIDS Strategy Team)
- *"International conventions are not taken seriously; it is working at a slow pace because of cultural norms."* (Interview with Ministry of Health, National AIDS Strategy Team)
- *"I think there are some advances in terms of the recognition of rights of people living with HIV as a result of concerted action by SW and MSM; however it has been difficult to involve adolescents in this process."* (Interview with UN Agency)
- *"I think there are important platforms from civil society, especially of people living with HIV that are constantly vigilant and have a voice and a vote at various instances."* (Interview with UN Agency)





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- * The law that penalizes sex between minors in Peru so far represents the main barrier for adolescents to freely exercise their sexual and reproductive rights. Nevertheless, an agreement by the Plenary of Supreme Court Members establishes that when the victim is older than 14 and younger than 18 and he/she did consent to the sexual act there is no penal responsibility. This agreement is compulsory for all judges accordingly to the function of jurisprudential unification of the Supreme Court that represents the highest jurisdictional instance. In spite of this, it is important to highlight that many judges, especially those located far away of the capital city of Peru, are not acquitted with the above mentioned agreement. Furthermore, the Police or the Public Prosecutor may not respect the agreement as it is only binding for judicial authorities and thus may start legal action against potential aggressors.



RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Peru. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Review and revise legislation on access to therapeutic abortion ensuring that in the national protocol the mental health of girls and young women who are survivors of rape or incest can be considered, and train health care providers and social workers on respecting the rights of young women and girls to ensure that this group is given accurate and impartial advice and access to comprehensive therapeutic abortion services.
2. Utilize existing legislation, such as the laws on the Prevention of Domestic Violence to raise awareness within all levels of society about the negative impacts of gender-based violence and to support girls and young women to take appropriate legal action. Ensure that the relevant structures and systems are also conducive to women reporting domestic violence cases.
3. Lower the age limit for young people to access HIV tests without parental consent from 18.

POLICY PROVISION

4. Review and strengthen Peru's action in the light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
5. Build on current policy and decree 018-2001 and provide sexual education in schools by ensuring that each school provides comprehensive sexual education including HIV and life skills, at least once, during the school year to each student.
6. Implement a comprehensive policy on training health care providers in youth-friendly and gender-sensitive service provision, ensuring that guidelines for facilities are provided and suggesting an effective monitoring and evaluation framework for facilities.
7. Ensure that issues related to HIV and AIDS, particularly those that affect girls and young women, are mainstreamed into all relevant government policies to guarantee that policies reinforce each other and provide a strong framework for progress.
8. Develop a stronger knowledge base for HIV incidence in Peru to fully understand the Peruvian epidemic and monitor any trends that may be taking place.

AVAILABILITY OF SERVICES

9. Train health care providers and social workers on respecting the rights of young women and girls to ensure that this group is given accurate and impartial advice and access to comprehensive therapeutic abortion services

10. Develop clear guidelines and information materials in relation to positive prevention measures (prevention for and with people living with HIV) and ensure that they are disseminated widely, including health care professionals and support groups for people living with HIV. Ensure that this information addresses concerns about side effects, adherence, second line treatment and resistance to drugs.
11. Make available harm reduction services for people who use drugs.
12. Support initiatives that increase the availability of female condoms. Create men friendly services, specifically aimed at married men who have sex with men.
13. Promote the linkages between SRH issues (such as prevention of unplanned pregnancies) and STI and HIV prevention in the delivery of services aimed to adolescents and young people.

ACCESSIBILITY OF SERVICES

14. Ensure that access to all HIV and sexual and reproductive health (SRH) related services are free, in particular, to voluntary counselling and testing (VCT) and condoms.
15. Undertake capacity building on stigma and discrimination with all service providers to ensure that indigenous people, young women and girls and PLHIV can access truly nondiscriminatory services.
16. Increase programmes involving boys and men, (including current or former IDUs) to improve their understanding and behaviour around sexual health and HIV prevention issues to reduce the transmission of HIV and STIs to their regular and recreational partners.
17. Design and undertake gender-sensitive community education programmes to reduce stigma and discrimination, and stigma towards girls and young women accessing sexual and reproductive health/HIV services.

PARTICIPATION AND RIGHTS

18. Encourage public leadership on HIV issues among women, especially young women and girls as a means to prompt stigma reduction.
19. Sign and Ratify the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.
20. The Country Coordinating Mechanism – CONAMUSA (for the Global Fund for AIDS, Tuberculosis and Malaria) should assume a central role in addressing the needs of specific vulnerable populations, and representatives from these groups should be included in all major decision making bodies.
21. Increase the involvement of people living with HIV in the development of national prevention strategies and policies, both as a modality of stigma reduction and to ensure that the national response to HIV is more rights based.

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